



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5792

|   |   |  |                                   |  |                           |                                |
|---|---|--|-----------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/584,760  | <b>FILING or 371(c) DATE</b><br>10/25/2007<br><b>RULE</b>   | <b>CLASS</b><br>604                                      | <b>GROUP ART UNIT</b><br>3763     | <b>ATTORNEY DOCKET NO.</b><br>JMBZ 200009US01                |                           |                                |
| <b>APPLICANTS</b><br>Michael Tavger, Katzrin, ISRAEL;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL05/00017 01/05/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>ISRAEL 159783 01/08/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>09/07/2008 |   |  |                                   |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /MANUEL A MENDEZ/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>ISRAEL | <b>SHEETS DRAWINGS</b><br>10                                 | <b>TOTAL CLAIMS</b><br>35 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>FAY SHARPE LLP<br>1228 Euclid Avenue, 5th Floor<br>The Halle Building<br>Cleveland, OH 44115<br>UNITED STATES   |   |  |                                   |  |                           |                                |
| <b>TITLE</b><br>High Velocity Liquid-Gas Mist Tissue Abrasion Device  |   |  |                                   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>690   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                   | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |  |                                   | <input type="checkbox"/> Other _____                         |                           |                                |
|   |   |  | <input type="checkbox"/> Credit   |  |                           |                                |